



North Carolina Department of Health and Human Services
Division of Aging and Adult Services

2101 Mail Service Center • Raleigh, North Carolina 27699-2101

Phone 919-733-3818 Fax 919-715-0023

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Dennis W. Streets, Director
(919) 733-3983

August 9, 2007

DEAR COUNTY DIRECTOR OF SOCIAL SERVICES

ATTENTION: ADULT SERVICES SUPERVISORS

SUBJECT: AT RISK CASE MANAGEMENT SERVICES TRAINING

We are pleased to offer At-Risk Case Management Services Training for Adult Services staff in five locations this fiscal year. The locations will be as follows: New Hanover County DSS, Wilmington, September 11, 2007; Mecklenburg County DSS, Charlotte, October 30, 2007; Guilford County DSS, Greensboro, December 11, 2007; Martin Community College, Williamston, March 4, 2008; and Land of Sky Regional Council of Governments, Asheville, May 13, 2008. The one-day workshop is designed specifically for adult services staff providing At Risk Case Management Services.

The full day of training provides participants an opportunity to learn the policies contained in the At Risk Case Management Services Manual. The workshop will begin promptly at 8:30 AM and will end by 4:30 PM. By the end of the workshop, participants will have a working knowledge of At Risk Case Management Services policy, procedures, and practice guidelines. The At Risk Case Management policy manual is located on the Division of Medical Assistance web site at <http://www.dhhs.state.nc.us/dma/bh/12A.pdf>

Charles Williams, Adult Services Program Coordinator, will conduct the workshops. Staff may register for whichever workshop location is most convenient. Your agency may register as many persons as deemed appropriate unless space becomes an issue at a particular training site.

You must pre-register even though there is no registration fee. Refreshments will not be provided, but participants are welcome to bring their own snacks and beverages to the training event. Space is limited at each site, so **please return registration information at least two weeks in advance of the chosen event**. A completed registration form may be **mailed or faxed** to Monica Nealous at NC Division of Aging and Adult Services, Adult Services Section, 693 Palmer Drive, 2101 MSC, North Carolina 27603-2101 FAX: (919) 715-0023. **On-line registration** is also available at <http://www.ncswLearn.org>.

Registrants will be sent a confirmation letter, directions to the workshop site, and a list of local lodging accommodations. If you need additional workshop information, you may contact your Adult Programs Representative or Charles Williams at (919) 733-3818.

Sincerely,

A handwritten signature in cursive script that reads "Suzanne P. Merrill".

Suzanne P. Merrill, Chief
Adult Services Section

SPM/cw

AFS-07-2007

Have you attended the prerequisites for this training event?
(For prerequisite information please refer to the training description)

☐ Yes ☐ No
☐ Not Applicable for this Training

First Name: _____ MI: _____ Last Name: _____

If you have ever registered for a training under a different name, what is that name? _____

"Goes By" Name: _____ Gender: ☐ Female ☐ Male

Race/Ethnicity (Optional):
☐ Caucasian ☐ African American ☐ Latino/Hispanic ☐ Asian/Pacific Islander ☐ Native American/Eskimo ☐ Mixed Race

Home Phone (please include area code): _____ Work Phone & Extension (please include area code): _____
() ()

Home phone requested in event of last minute postponement due to severe weather.

Your Work E-mail Address: _____ Fax #: () _____

Agency Name: _____

Mailing Address (PO Box, Drawer #, or Street Name and Suite #): _____

City: _____ State: _____ Zip Code: _____

State Courier #: _____ County: _____

Supervisor's Full Name: _____ Supervisor's Phone (please include area code): () _____

Employment Type:

- ☐ Not applicable
☐ County DSS - Permanent
☐ County DSS - Temporary
☐ County Non-DSS
☐ Federal Agencies
☐ State Agency/Public University
☐ Private University/College
☐ Private Agency/Business

Work Type:

- ☐ Direct Client Service
☐ Line Supervisor
☐ Trainer/Staff Development
☐ Program Manager
☐ Program/Admin. Support
☐ Director
☐ Other
☐ Not Applicable

Program Responsibilities:

If you are **NOT** a county DSS worker, please skip to the next box
(Check all that apply)

- ☐ Adult Care Home CMS
☐ Adult Day Care
☐ Adult Home Specialist
☐ Adult Protective Services
☐ Adult Services Intake
☐ At-Risk Case Management
☐ Attorney
☐ Guardianship
☐ In-Home Aide Services
☐ Special Assistance
☐ Trainer
☐ Other

Other Roles:

Complete this box if you are **NOT** a county DSS worker

- ☐ Aging Services
☐ Attorney/Judicial
☐ Developmental Disabilities
☐ Health/Medical
☐ Law Enforcement
☐ Long Term Care
☐ Mental Health
☐ Student/Student Intern
☐ Substance Abuse
☐ Vocational Rehabilitation
☐ Other

Highest Degree

- ☐ HS ☐ Masters
☐ Associate ☐ Doctorate
☐ Bachelor

Highest Social Work Degree

- ☐ BSW/BSSW
☐ MSW/MSSW
☐ PhD/DSW

Training Event

To ensure this registration form is faxed/mailed to the appropriate person please refer to the Dear Director letter to which this was attached

Training Event you are registering for: _____

Date(s) of Training Event: _____

Location of Training Event: _____

If you are replacing a registered co-worker, what is his/her name: _____

If you are making up a missed training day, which day are you making up? _____